

his prescribing to those remedies about which facts, rather than fiction, are known. It is not the druggist who rushes to the jobber for a stock of some new-fangled stuff—let us say anasarcine, the “cure for dropsy”—and then hastens to beg the physician to prescribe it. Rather it is with a feeling of dread that the pharmacist hears of some such preparation, originating in a commercial mind and foisted upon a credulous profession for the enrichment of the maker and not for the benefit of a suffering public and profession. He knows that soon the lying “detail man” will be about among the physicians, and then some of them, all too ignorant of what they should know, will begin to prescribe it and he will have to invest more money, uselessly, and cumber his shelves with one more of the horde of rank nostrums. And just now the country seems to be troubled by a pest of new “cure alls”. They have appeared like grasshoppers in Kansas—from the Lord only knows where! Beware of the new nostrum; beware of the detail man who has something nice and new and curing. Ask him what the Council on Pharmacy and Chemistry has done about his nice new preparation, and if you will take the time, write to the Council and ask them about it. Your patient has a right to demand that you yourself shall know what you are giving him, and this you cannot know if you depend upon the statements of the manufacturer or his smooth-tongued agent. Nine-tenths of the nostrum business is deceit, and the other tenth advertising. And we are beginning to learn that deceit may exist in high places, and that manufacturers whom we have previously regarded as above question of reproach, may do strange things. Our only hope is in the Council on Pharmacy and Chemistry of the American Medical Association, and in the *Journal of the Association*, which is to undertake to tell us, from time to time, still more of the truth about things pharmaceutical. Do not allow anything to blind you to the enormous value of this Council and its work. Do not allow the inspired criticism of the “published for profit” medical(?) journals to make you believe that there is trouble in the Association or that the work of its Council is not honest. Come back out of the nostrum mire and try to clean up.

We have heard a good deal about habit-forming nostrums, or “patent” medicines, thanks to *Collier's Weekly* and the *Ladies' Home Journal*, and as a result of all this agitation, the Congress has at last enacted a pure food and drug bill that may really, in the long run, do some thing. It actually looks to us, from the way the work has been begun, as though a lot of good will come to the public from that law. But let us look at another side of this question of habit-forming drugs. How many of us use sufficient caution in giving or prescribing medicines containing morphine, opium or cocaine? How is it that so many patients know all about sulfonal and trional and other things? Do you mark your prescriptions “not to be refilled under any circumstances,” and if so, do you back up

the druggist when he refuses to refill such a prescription and gets into a row with the patient? Suppose the patient, liking the medicine which you gave and which so promptly relieved his belly ache, returns to the druggist for more. The druggist states that he cannot refill the prescription without the physician's order. Then the patient becomes suspicious and wants to know if the medicine contains opium or morphine. What is the druggist to do? Sometimes he can get out of it, but mostly he cannot and then he must do one of two things; refill the prescription or flatly refuse and let the patient know that it contains morphine. Then the patient “roasts” his physician for giving him the drug, and then—too often—the physician “roasts” the pharmacist for giving the information to the patient. This is absolutely wrong. If the pharmacist is honest enough to the patient to protect him by refusing to refill such a prescription, he should receive our highest commendation and support rather than our reproaches. But does he? Why not help the pharmacist to do the right thing by writing upon the prescription the statement that it is not to be refilled, or by requesting that *no number be placed upon the container?* In this way the responsibility of the prescription being refilled is eliminated, for the druggist can point out the fact that, as it has no number, it will be quite impossible to refill it and a new prescription must be had from the physician.

This whole question of refilling prescriptions is a big and an important one. Can it not be stopped?

We all know that very often some prescription is given, not necessarily calling **AND AGAIN** for any narcotic drug, which should be used only under certain conditions and which would be harmful under others. Also, we all know that, too often for the good of the taker, prescriptions are passed about from one person to another. Why not get the druggist to print upon his label something of this sort: “This prescription is intended to have a definite effect and should be used only for the time indicated by, and under the observation of, your physician. It will not be refilled without his order.” Furthermore, in the wisdom of the Congress, unquestioned save in some interested quarters, the sale of mixtures containing narcotic or habit-forming drugs, unless the exact amount of such drug contained is stated on the label, is prohibited in the territories and their shipment between states is made illegal. Why not apply this general principle to physicians' prescriptions? Why not specify on the label, “This prescription contains morphine (or chloral, or cocaine, etc.) and under no circumstances is to be refilled. Poison.” Suppose that the pharmacist should undertake to protect the public from its foolish desire for self-medication in this way, would he be supported by physicians? But, it will be contended, it is often necessary to give a patient some narcotic or analgesic and it would be injurious to the patient to know that he was taking such a drug. That may be, and sometimes is, perfectly true. Therefore there is still the more reason why the patient should be fully guarded

from forming a habit which may destroy him, and this through the unconscious agency of the man in whom he has trusted his life and his health—his physician. Probably the number of cases in which the individual has formed the habit of taking some narcotic drug through the original agency of a physician's prescription, is very small; but even granted that this is the case, should there be *any* such? Does it not seem probable that the possible danger can be entirely removed in one of the ways suggested? Let us urge the pharmacist to undertake some one of these plans, and then let us do our duty and support him when the issue comes between himself and the patient. We are certainly failing of our full duty if we do not do everything possible to protect the patient from himself.

It is indeed a pleasant task to record the birth of another child to the family of state journals. Slowly but surely the family is getting **ANOTHER JOURNAL** larger, and as the years pass, it is getting more than proportionately stronger. The newest member is the *West Virginia Medical Journal*, owned and published by the West Virginia State Medical Association. The first number bears date of August, and from it we learn that the journal is to be issued bi-monthly, at least for the first year. It is under the editorial charge of Dr. S. L. Jepson, of Wheeling, and the appearance of the first number is indeed highly creditable. It is well gotten up, well printed, brightly edited, and its advertising pages are clean. We most sincerely wish the *West Virginia Medical Journal* every possible success and every good wish. We would make but one suggestion—and this will apply to all state organizations publishing journals which have not yet adopted the plan: Combine the office of Secretary of the state organization and editor of the journal in the same individual. This has been done in a few of the states and we feel quite sure that the editors in the states where it is not the case will agree with those where it is the custom, that much time and bother are saved by the simple combination. The arrangement centralizes the work of the society, lessens the amount of red tape, and helps every member of the society—for he knows that all his communications and queries go to one place.

The proper minimum fee for an examination for life insurance is demanding more and more space in the medical journals. It is also receiving the attention of state medical organizations, and county medical societies in all parts of the country are talking the matter over; some of them are acting, too. At the last meeting of the Minnesota State Medical Association, rather strong resolutions were adopted, and in discussing these and the whole question generally, the *Northwestern Lancet* has some rather pertinent things to say.

"Several of the prominent men throughout the state have written the companies for which they previously made examina-

tions, resigning their office unless the minimum fee was made \$5.00. In the majority of cases the resignations have been promptly accepted and other men appointed to fill the vacancy. A man who has the courage to stand by his principles by supporting a general resolution [of the Association] and resigning his place as examiner is too valuable a man for the company to lose, and the company which accepts such a resignation is not a safe company to insure in. The man who openly accepts an appointment as examiner for such a company after reading the resolution adopted by his state organization is disloyal to himself and his fellow men. He virtually forfeits his membership in every medical society of which he has been a member."

It is, we are sorry to say, quite true that some men will claim to abide by the resolution of their society and yet will continue to do cut-rate work for \$3.00 fees—secretly. Are not these men a menace to the company for which they work? If they will be dishonest to themselves and their fellows and to their profession, for the small sum of \$2.00, is it not likely that they may be induced to be dishonest in the matter of passing doubtful risks—if the reward is tendered them? Any man who will be dishonest about a little thing of that sort, you may be sure will be dishonest in other and more important things. And yet, doubtless, some of the medical examiners or directors are chuckling to themselves to think how they are fooling the county society and its resolutions, and how some members of the society are doing their work and at their own price. Any ordinary business man may not hesitate to make "presents" in order to get information of benefit in his business; but he does not place much confidence in the honesty of the informer or give him a position of trust.

Some time ago the *Journal of the A. M. A.* published a statement to the effect that most proprietaries, no matter how exclusively **PROPRIETARY** they may have been presented to **PROSTITUTION** the medical profession at first, eventually became "patent" medicines, in the sense that they were later advertised directly to the public and encouraged self-medication. A very forcible example of just that very progress from the doctor and the medical journal to the general public and the lay publication has recently been furnished. Some few years ago Mr. Alpers, one of the leading pharmacists of New York, became interested in guaiacol preparations and derivatives and produced a substance which he called "triacol" (Alpers). It was presented to the medical profession, and, we believe, found to have some merit. Doubtless it was sent around and a number of physicians "sampled." Doubtless, too, a number of hospitals received supplies of it and used it. It was advertised in some of the larger medical journals and was apparently, a perfectly ethical prepara-